

COMMONWEALTH OF KENTUCKY
EXECUTIVE BRANCH ETHICS COMMISSION
Capital Complex East, 1025 Capital Center Drive, Suite 104
Frankfort, KY 40601
PHONE: 502-564-7954 OR 800-664-7954
FACSIMILE: (502) 695-5939
ETHICSFILER@KY.GOV

RECEIVED

FEB 15 2019

Executive Branch
Ethics Commission

STATEMENT OF FINANCIAL DISCLOSURE

For Calendar Year 2018

COMPLETE ALL SECTIONS WITHOUT LEAVING ANY SECTION BLANK

EXECUTIVE BRANCH OFFICERS: Submit by one of the prescribed methods by April 15 or within 30 days of separation from an officer position. (KRS 11A.050(1)(a))

CANDIDATES FOR CONSTITUTIONAL OFFICE: Submit by one of the prescribed methods by February 15. (KRS 11A.050(1)(c); KRS 11A.010(13))

STATEMENTS OF FINANCIAL DISCLOSURE SHALL BE
AVAILABLE FOR PUBLIC REVIEW

ANSWER EVERY QUESTION

1. Name: Last **ALVARADO** First **RALPH** Middle or Maiden **A**
2. Home Street Address: **3** **re Road**
City: **Winchester** State: **KY** Zip: **40391-**
Home Phone: (1 **97** Home E-mail address: **ilsouth.net**
Mobile Phone: (81 **20**

3. If you are a candidate for a constitutional office, check appropriate box:

☐ Agriculture Commissioner
☐ Attorney General
☐ Auditor of Public Accounts
☐ Governor

☒ Lt. Governor
☐ Secretary of State
☐ State Treasurer
☐ NOT A CANDIDATE

4. Title of Position or office in 2018 that requires filing: **Candidate for Lt. Governor**

Beginning Date:

Do you still occupy this position? Yes ☐ No ☐ If no, ending date:

STATE AGENCY FOR POSITION LISTED ABOVE:

CABINET: Choose an item.

Department or Office:

Division:

Work Street Address:

City: State: Zip: -

Work Phone: () - Ext. Work E-mail address:

If not employed by state agency, current employer:

Work Address:

City: State: Zip: -

Title of any other state jobs or positions you held during the reporting year, including state government agency name.

NONE ☐

State Senator -28th district

5. Name and address of any other employers (including self-employment) during reporting year:

NONE ☐

Employer: Alvarado Medical Services, PLLC

Work Address: 3250 McClure Road

City: Winchester State: KY Zip: 40391-

6. Marital status:

☐ Single

☒ Married

☐ Widowed (if event occurred prior to calendar year 2018 skip to Question 8.)

☐ Divorced (if event occurred prior to calendar year 2018 skip to Question 8.)

If married, please give spouse's full name (including maiden name where applicable):

Last: ALVARADO

First: DAWN

Middle: MARIE

7a. Spouse's current employer and employer's address:

NONE ☐

Employer: Brookdale Home Health, Inc.

Work Address: 2770 Palumbo

City: Lexington State: KY Zip: 40500-

Work Phone: () - Work E-mail address:

7b. Spouse's position: Occupational Therapist / Housewife

7c. Other employers of Spouse (including self-employment during reporting year)

NONE ☐

LHC Home Health, Inc. Lexington, KY

8. List the full name of each dependent child of you and/or your spouse:

NONE ☐

Na .rd Alvarado
\$ e Alvarado

9. List all positions of a fiduciary nature held by you or your spouse in a business, including the name and address of the business:

NONE ☐

Alvarado Medical Services, PLLC, Managing Member, 3250 McClure Road Winchester, KY 40391

Grumpy Rooster Farm, LLC, Member (self & spouse), 3286 McClure Road Winchester, KY 40391

Winchester Professional Developments, LLC, Managing member, spouse - Member, 3250 McClure Road Winchester, KY 40391

AUA, LLC, Member, 505 Shoppers Dr., Winchester, KY 40391

WealthMD, Inc., Board Member, 1706 Bardstown Road, Louisville, KY 40205

Greenhouse 17, Spouse - Board Member, Briar Hill Road, Lexington, KY

10. List any other position in a business, partnership or corporation held by you or your spouse including the name and address of the business:

NONE ☐

See Above

11. Provide the name and address of any business in which you, your spouse, or dependent children owned an interest which has a fair market value of at least ten thousand dollars (\$10,000) or which equals at least five percent (5%) of the business; specify whether you listed the interest because of its fair market value or because it constitutes at least five percent of the business:

NONE ☐

Alvarado Medical Services, PLLC, 3250 McClure Road, Winchester, KY 40391

Grumpy Rooster Farm, LLC, 3286 McClure Road, Winchester, KY 40391

Winchester Professional Developments, LLC, 3250 McClure Road, Winchester, KY 40391

AUA, LLC, 505 Shoppers Dr., Winchester, KY 40391

Essence Group Holding Corporation (stock), 13900 Riverport Dr., Maryland Heights, MO 63043

Fidelity, Inc. (stock)

HealthEquity Health Savings Account (health savings account)

American Funds (529 plan)

Catholic Health Initiatives Pension Fund (personal retirement)

12. Provide all sources of gross income exceeding \$1,000 from any one source not listed above, (including interest, dividends, investment income) to you, your spouse, or a dependent child, indicating the form of the income and the nature of the business and the name and address of the income source.

NONE ☐

Preferred Pine Meadows Nursing Home - medical director, 1608 Hill Rise Dr., Lexington KY 40504

Cambridge Place Nursing Home - medical director, 2020 Cambridge Dr., Lexington KY 40504

Divesicare of Nicholasville Nursing Home - medical director, 100 Sparks Ave., Nicholasville, KY 40356

Wesley Village Nursing Home - medical director, 1125 Lexington Rd. Wilmore, KY 40390

Signature Mayfair Manor Nursing Home - medical director, 3300 Tates Creek Rd. Lexington, KY 40502

Signature Fountain Circle Nursing Home - medical director, 200 Glenway Rd. Winchester, KY 40391

SHC Medical Partners - supervising physician - 12221 Bluegrass Pkwy., Louisville, KY 40299

Kentucky Hospitalist Group - hospitalist, Winchester, KY 40391

13. Provide the name and address of all sources of retainers received by you or your spouse relating to matters of the state agency for which you work or supervise or of any other entity of state government for which you would serve in a decision-making capacity. NONE ☒

14. Describe any representation or intervention performed by you or your spouse for any person or business for compensation before a state agency for which you work or supervise or before any entity of state government for which you would serve in a decision-making capacity, and include the name and address of that person or business. NONE ☒

15. Provide the street address or location and description of all real property in which you, your spouse, or a dependent child holds an interest of at least ten thousand dollars (\$10,000): NONE ☐

2 duplexes in Clark County (residential)

Rural land in Clark County (joint)

Residential land lots in Russell County (joint)

Professional office building in Clark County (commercial)

Professional office development in Clark County (commercial)

16. List all sources, including name and address, of gifts of money or property with a retail value of more than two hundred dollars (\$200) from any one source which were given to you, your spouse, or dependent children by any person or entity other than a member of your family. NONE ☒

17. Identify all creditors, including an address, to whom you owe more than ten thousand dollars (\$10,000) except when the debt was incurred for the purchase of consumer goods: NONE ☐

US Bank, Lexington, KY

Citizens Bank of Kentucky, Winchester, KY

Franklin D. Franklin -3344 McClure Road, Winchester, KY 40391

Winchester Federal Savings Bank, Winchester, KY 40391

18. Are you aware of any business opportunity, investment opportunity, or other benefit, tangible or intangible, received by you or any member of your family which might reasonably be construed as being offered in return for favorable treatment or any other benefit, tangible or intangible, from state government? [PLEASE CONSIDER CAREFULLY BEFORE ANSWERING]

NO ☒

YES ☐

If yes, attach a description.

**I SWEAR OR AFFIRM THAT THE INFORMATION REPORTED
IN THIS STATEMENT OF FINANCIAL DISCLOSURE
IS COMPLETE AND ACCURATE.**

SIGN AND SEND TO THE EXECUTIVE BRANCH ETHICS COMMISSION AS DESCRIBED BELOW.

Signature



Date:

2/15/19

Typed or printed name

PENALTIES:

WITHHELD SALARY: Any officer, public servant, or candidate required to file a statement of financial disclosure under KRS 11A.050 who does not file the statement by a date specified in that section shall have his salary withheld from the first day of noncompliance until he shall have completed the action required by law. The amount withheld shall be deducted from his overall pay and allowances and shall be recoverable upon the filing of the statement of financial disclosure. The commission may grant a reasonable extension of time for filing a statement of financial disclosure for good cause shown. KRS 11A.990(2).

FINES: Any officer, public servant, or candidate who fails to file or files a false Statement of Financial Disclosure may be subject to a written, public reprimand, a recommendation from the Commission that the violator be removed or suspended from office or employment, and required to pay a civil penalty of not more than \$5,000. KRS 11A.100(3).

When you have answered every question, **PRINT** the Disclosure, **SIGN** it, and **SUBMIT** it by:

ELECTRONIC MAIL: EthicsFiler@ky.gov

FAX: (502) 695-5939

IN PERSON or by U.S. MAIL:

Executive Branch Ethics Commission
Capital Complex East, 1025 Capital Center Drive, Ste 104
Frankfort, KY 40601